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IN THE UNITED STATES PATENT AND TRADEMARK OFFICEjc812 U.S. PTO
09/21/01

In re Application

Inventor: Benjamin Renaud

SC/Serial No.: Unknown

Confirm. No.: Not Yet Assigned

Filed: Herewith

Title: METHOD AND APPARATUS FOR SMART
DIRECTORIES FOR APPLICATION DEPLOYMENTPATENT APPLICATION

Art Unit: Not Yet Assigned

Examiner: Not Yet Assigned

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09/21/01Customer No. 23910**CERTIFICATE OF MAILING BY "EXPRESS MAIL"
UNDER 37 C.F.R. §1.10**"Express Mail" mailing label number: **EL661693412US**

Date of Mailing: September 21, 2001

I hereby certify that this correspondence is being deposited with the United States Postal Service, utilizing the "Express Mail Post Office to Addressee" service addressed to **Box PATENT APPLICATION, Commissioner for Patents, Washington, DC 20231** and mailed on the above Date of Mailing with the above "Express Mail" mailing label number.

Mary Beth Stone (Signature)
Mary Beth Stone
Signature Date: September 21, 2001

UTILITY PATENT APPLICATION TRANSMITTAL LETTER UNDER 37 C.F.R §1.53(b)

Box PATENT APPLICATION

Commissioner for Patents

Washington, DC 20231

Sir:

Transmitted herewith for filing is the patent application identified as follows:

Inventor: Benjamin Renaud

Title: METHOD AND APPARATUS FOR SMART DIRECTORIES FOR
APPLICATION DEPLOYMENT

No. of pages in Specification: 27; No. of Claims: 54.

No. of Sheets of Drawings: ____; Formal: ____, Informal: 3.

Also enclosed are:

- _____ A Declaration.
- _____ An Assignment and Recordation Form Cover Sheet.
- _____ A certified copy of a priority application.
- _____ A Power of Attorney.
- _____ A Statement Claiming Small Entity Status.
- _____ An Information Disclosure Statement under 37 C.F.R. §1.56.

The filing fee pursuant to 37 C.F.R. §1.16 is determined as follows:

No. Filed	No. Extra	Rate Small Entity/ Other Than Small Entity		
Basic Fee		\$355.00 \$710.00	=	\$710.00
Total Claims <u>54</u>	- 20 = <u>34</u> *	\$ 9.00 \$ 18.00	=	\$612.00
Independent Claims <u>9</u> - 3	= <u>6</u> * X	\$ 40.00 \$ 80.00	=	\$480.00
First Presentation of Multiple Dependent Claim(s) ____		\$135.00 \$270.00	=	\$ 0.00
		Total	=	<u>\$1802.00</u>

*If the difference is less than zero, enter "0".

_____ Please charge Deposit Account No. 06-1325 in the amount of \$ _____. A duplicate copy of this authorization is enclosed.

X A check in the amount of \$1802.00 to cover the filing fee.

✓

The Commissioner is hereby authorized to charge underpayment of any additional fees (including those listed below) or credit any overpayment associated with this communication to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

✓

Any additional filing fees under 37 C.F.R. §1.16.

✓

Any patent application processing fees under 37 C.F.R. §1.17.

This application is filed pursuant to 37 C.F.R. §1.53(b) in the name of the above-identified Inventor(s).


_____ This application claims priority to an earlier-filed Provisional patent application, as set forth more fully in this application.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitted,

Date: September 21, 2001

By: 
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